
Submit a Dental Claim with Primary Insurance

Frequently Asked Questions (FAQs)

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- Q: What you are saying is if that the total insurance payment is greater than your allowable then you will not pay, if the total payment is 0 then you still will not need an EOB either.
- A: If the insurance payment is more than the DSHS allowable we will not make any additional payment so billing may not be necessary. If the insurance paid \$0 we will still need to have the EOB if submitted by paper. This webinar will show you how to submit the claim and enter the insurance payment or denial electronically. If done this way the EOB will not be needed.
- Q: First you had stated in all other webinars that paper claims were 45 days out, why then do I have claims in pending/process from May?
- A: This is because of the backlog of claims that we have. We currently have approx 250,000 paper claims that need processing along with any electronic claims coming in. The 45 days that we mentioned in the earlier webinars was for a claim to get into the system but not be finalized for payment or denial
- Q: When you enter the claim without an EOB what is the payment timeline?
- A: This is all dependent on the current backlog that the coordination of benefits office has.
- Q: So we will be at the end of the line for people who still need payments from May?
- A: Again this all depends on the backlog of claims. The coordination of benefits office is working these claims in the order that they were received.
- Q: If the service line is denied by prime insurance we do need to send EOB?
- A: Either send an EOB or give the adjustment reason code as shown in the demonstration on the electronic claim.
- Q: What is your true time line for electronic 2ndary claims sent with attachments?
- A: If you are talking about timeliness you would have the same 365 days to submit. If you are talking about processing this will vary due to the current backlog.

Q: No I am talking about 2ndary that I have submitted to you for payment.
A: These secondary claims you have submitted for payment are included in the backlog that we currently have. They are being processed in the date order that they were received in our coordination of benefits office.

Q: So pretty much you're saying that there will be no reason to send EOB's anymore.
A: Correct as long as you enter the adjustment reason code on the electronic claim and enter "Electronic TPL" in the comments. This will let the coordination of benefits office know that they will not need to look for an EOB.

Q: What if there is more than one adjustment reason for a procedure code?
A: You can enter up to 5 adjustment reason codes per service in ProviderOne.

Q: What is the adjudication date?
A: In this case it is the date that is listed on the insurance EOB when the insurance processed the claim.

Q: Is the adjustment amount the amount the primary insurance paid?
A: No. The adjustment amount is usually the amount the insurance company indicates as Patient Responsibility or Contractual Obligation.

Q: CAN WE SEND 2ND INS BY PAPER
A: Yes we are still accepting paper claims including secondary's, however the processing time for paper claims is much longer than electronic.

Q: So this is almost like NEA TRACKING? We still have to submit a claim electronically? This does not automatically get considered as a claim?
A: Doing this entry into ProviderOne is considered an electronic claim. DSHS does use the NEA system but only for our dental office to view x-rays, not for private insurance information

Q: Is it necessary to do the backups?
A: If you submit a secondary claim to DSHS by paper the answer is yes as we will need a copy of the insurance EOB. If you do a secondary claim as this presentation has shown the answer will be no.

Q: So what is the purpose of putting ELECTRONIC TPL in the note box then?
A: This will let our Coordination of Benefits office know that you are listing the payments at line level and they will look for the insurance adjustment reason codes for those services.

Q: So I would send one claim for all lines that the insurance paid some portion on and send a separate claim for all lines the insurance company denied? And if this is correct, do I have to do the additional "other service info" or can I send the EOB with both?
A: You can send the same EOB with both claims or enter the claim electronically with the appropriate adjustment reason codes.

- Q: I really have not understood the points about splitting the claims if portions were denied by the insurance company. If I send the EOB electronically then why the claim must be sent in 2 or more parts?
- A: We currently cannot separate line items from the total amount that the insurance paid which could cause a shortage of possible payment on services that the insurance did not pay for or paid less than our allowable.
- Q: Could I please get that website again for this webinar?
- A: Today's PowerPoint can be located at:
<http://www.dshs.wa.gov/pdf/provider/Webinar/SubmitDentalclaimwithPrimaryIns.pdf>
- Q: What does TPL mean?
- A: Third Party Liability
- Q: What if the primary does not process claim at line level how do we enter the adjustment and reason codes?
- A: You would enter the same code on each line as the webinar showed.
- Q: What fax number do we send it to? Attention to whom?
- A: Print the completed cover sheet, attach it to the supporting documentation, and submit either via fax (1-866-668-1214) or mail (Electronic Claim Backup Documentation [ECB], PO Box 45535, Olympia, WA 98504-5535).
- Q: Why would you split a claim if a line item was denied by primary INS???
- A: Mainly because we currently cannot separate line items from the total amount that the insurance paid which could cause a shortage of possible payment on services that the insurance did not pay for or paid less than our allowable.
- Q: So, what do you do if there are several line items and the entire claim was denied by the primary INS?
- A: You should still do the same process and list the adjustment reason codes for those denied services.
- Q: If there is only one line on the claim do we need to fill out the other service info section further down in the claim.
- A: Yes you still would need to do this. This will allow you to add in the HIPAA adjustment reason codes.
- Q: If we are going to send an EOB by mail we need to add the COB Payer paid amount and make a claim note that says TPL in the claim note. If we are going to do everything electronically we use the ADD--Electronic TPL
- A: Yes. If there has been a payment from insurance you will need to enter it on the claim with either a paper backup or electronic submission.
- Q: Are the HIPAA adjustment reason codes located in a dropdown menu in that area? If not where would I find them?
- A: There is a website for the HIPAA codes <http://www.wpc-edi.com/content/view/711/401/>

- Q: So if we enter ADD-Electronic TPL to the claim note section we will not have to mail a hard copy of the EOB to DSHS?
- A: That is correct as long as you use the adjustment reasons provided on the insurance EOB. Gary is about to show you how to add these.
- Q: But do we need to also add the COB Payer paid amount on the claim form in addition to all the info we add to each line on the claim.
- A: No. When you add the total paid to each line this allows the COB office to adjudicate line by line, not total to total.
- Q: What if they do not show other insurance and haven't for years.
- A: The best thing in this situation is to contact the COB office directly and notify them. Phone number is 800-562-3022 ext 16134
- Q: Insurance carrier code what did you say it was on the primary insurance EOB?
- A: The carrier codes are actually on the client eligibility file.
- Q: Confused, we do need to send in an EOB with a denied claim?
- A: If you do not submit the claim electronically with the insurance information on the line level as shown in the webinar we will need a copy of the EOB submitted either by mail or fax.
- Q: So if the line item paid 0 then is all I need to do is show that and you will pay the correct amount owing?
- A: Even though the insurance paid 0 we still need to know why they paid 0, so you will either need to send an EOB or use the HIPAA adjustment reason codes as presented in this webinar.
- Q: Adjustment reason codes this is from our primary insurance EOB or from the state adjustment reasons?
- A: These would be the HIPAA compliant adjustment reason codes. These are federal codes not state codes.